


3500 SENT 10/8/14

 EPA		United States Environmental Protection Agency Washington, D.C. 20460	
Water Compliance Inspection Report			
Section A: National Data System Coding (i.e. PCS)			
Transaction Code 1 <input type="text" value="N"/> 2 <input type="text" value="5"/>		NPDES 3 <input type="text" value="I"/> <input type="text" value="D"/> <input type="text" value="G"/> 4 <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> 5 <input type="text" value="1"/> 6 <input type="text" value="1"/>	
yr/mo/day 7 <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="0"/> 8 <input type="text" value="9"/> <input type="text" value="0"/> 9 <input type="text" value="2"/> 10 <input type="text" value="1"/> 11		Inspection Type 12 <input type="text" value="C"/> 13	
Inspector 14 <input type="text" value="S"/> 15		Fac Type 16 <input type="text" value="3"/> 17	
Remarks 18 <input type="text" value=""/> 19 <input type="text" value=""/> 20 <input type="text" value=""/> 21 <input type="text" value=""/> 22 <input type="text" value=""/> 23 <input type="text" value=""/> 24 <input type="text" value=""/> 25 <input type="text" value=""/> 26 <input type="text" value=""/> 27 <input type="text" value=""/> 28 <input type="text" value=""/> 29 <input type="text" value=""/> 30 <input type="text" value=""/> 31 <input type="text" value=""/> 32 <input type="text" value=""/> 33 <input type="text" value=""/> 34 <input type="text" value=""/> 35 <input type="text" value=""/> 36 <input type="text" value=""/> 37 <input type="text" value=""/> 38 <input type="text" value=""/> 39 <input type="text" value=""/> 40 <input type="text" value=""/> 41 <input type="text" value=""/> 42 <input type="text" value=""/> 43 <input type="text" value=""/> 44 <input type="text" value=""/> 45 <input type="text" value=""/> 46 <input type="text" value=""/> 47 <input type="text" value=""/> 48 <input type="text" value=""/> 49 <input type="text" value=""/> 50 <input type="text" value=""/> 51 <input type="text" value=""/> 52 <input type="text" value=""/> 53 <input type="text" value=""/> 54 <input type="text" value=""/> 55 <input type="text" value=""/> 56 <input type="text" value=""/> 57 <input type="text" value=""/> 58 <input type="text" value=""/> 59 <input type="text" value=""/> 60 <input type="text" value=""/> 61 <input type="text" value=""/> 62 <input type="text" value=""/> 63 <input type="text" value=""/> 64 <input type="text" value=""/> 65 <input type="text" value=""/> 66 <input type="text" value=""/>			
Inspection Work Days 67 <input type="text" value="3"/> <input type="text" value="5"/> 68		Facility Self-Monitoring Evaluation Rating 69 <input type="text" value="4"/> 70	
BI 71 <input type="text" value="N"/> 72		QA 73 <input type="text" value="N"/> 74	
Reserved 75 <input type="text" value=""/> 76 <input type="text" value=""/> 77 <input type="text" value=""/> 78 <input type="text" value=""/> 79 <input type="text" value=""/> 80			
Section B: Facility Data			
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Kooskia National Fish Hatchery - IDG131004 318 Toll Rd. Kooskia, ID 83539		Entry Time/Date 9/2/2014 14:00	
		Permit Effective Date 12/1/2007	
		Exit Time/Date 9/2/2014 16:45	
		Permit Expiration Date 11/30/2012 Admin. Extended	
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Numbers Kent Hills/Manager/208-926-4272 Kenny Simpson/Tech 3		Other Facility Data (e.g., SIC, NAICS, and other descriptive information) SIC: 0273 (Animal Aquaculture) NAISC: 112511 (Finfish Farming & Hatcheries)	
Name, Address of Responsible Official/Title/Phone and Fax Number Kent Hills/Manager/208-926-4272			
		Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Section C: Areas Evaluated During Inspection (Check only those areas evaluated)			
<input checked="" type="checkbox"/> Permit		<input type="checkbox"/> Self-Monitoring Program	
<input checked="" type="checkbox"/> Records/Reports		<input type="checkbox"/> Compliance Schedule	
<input checked="" type="checkbox"/> Facility Site Review		<input type="checkbox"/> Laboratory	
<input checked="" type="checkbox"/> Effluent/Receiving Waters		<input checked="" type="checkbox"/> Operations & Maintenance	
<input checked="" type="checkbox"/> Flow Measurement		<input checked="" type="checkbox"/> Sludge Handling/Disposal	
		<input type="checkbox"/> Pretreatment <input type="checkbox"/> MS4	
		<input type="checkbox"/> Pollution Prevention	
		<input type="checkbox"/> Storm Water	
		<input type="checkbox"/> Combined Sewer Overflow	
		<input type="checkbox"/> Sanitary Sewer Overflow	
Section D: Summary of Findings/Comments (Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)			
SEV Codes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		SEV Description _____ _____ _____ _____	
		RECEIVED OCT 10 2014 Inspection & Enforcement Management Unit (IEMU)	
Name(s) and Signature(s) of Inspector(s)		Agency/Office/Phone and Fax Numbers	
Mike Piechowski, P.E.		IDEQ State Office / 208-373-0274 / 208-373-0143	
A.J. Maupin, P.E.		IDEQ State Office / 208-373-0167 / 208-373-0576	

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Idaho Department of Environmental Quality

AQUACULTURE FACILITY INSPECTION SURVEY

General NPDES Permit Numbers IDG-130000

Effective: December 1, 2007 - November 30, 2012

PURPOSE OF INSPECTION:	Determination of compliance with NPDES permit and the Clean Water Act.
TYPE OF INSPECTION:	<input type="checkbox"/> Unannounced <input checked="" type="checkbox"/> Announced <input type="checkbox"/> CSI <input checked="" type="checkbox"/> CEI <input type="checkbox"/> Recon
DATE(s) OF PREVIOUS NPDES INSPECTIONS:	Date: Unknown Date:
PENDING OR CURRENT ENFORCEMENT ACTIONS: (review NOV and warning letters on file)	N/A
FACILITY NAME:	Kooskia National Fish Hatchery
NPDES PERMIT #	IDG-131004
FACILITY CONTACT:	Name: Kent Hills Phone Number: 208-926-4272
FACILITY SIZE (annual fish production; affects frequency of monitoring requirements in parentheses) Confirm production and monitoring frequency during the inspection.	<input type="checkbox"/> > 500,000 (monthly) <input type="checkbox"/> 100,000 - 500,000 (quarterly) <input type="checkbox"/> < 100,000 (semi-annual) <input type="checkbox"/> Other (explain)
INSPECTOR(s) AND AFFILIATION	Mike Piechowski Idaho Department of Environmental Quality Technical Services – State Office
DATE OF INSPECTION:	Date: 9/2/2014 Arrival Time: 2:00 pm Departure Time: 4:45 pm
Photo of facility sign, if any, and facility	
DATE OF FINAL REPORT	Date: 9/13/2014

ENTRY AND PERMIT CONDITIONS REVIEW

X Present your credentials and provide a business card; explain the purpose of the inspection and how you plan to proceed.

Interviewee Questions	
1. Obtain representative's name, position, and phone number.	Name: Kent Hills Position: Hatchery Manager Phone: 208-926-4272
2. How long has the representative worked for the company?	3.5 years
3. How long has he/she held the position?	3.5 years
4. Other representatives present?	Kenny Simpson
NOI Review: Show the interviewee the NOI, and ask him/her to review it for errors. If errors are found, ask him/her to correct the errors and initial the corrections. A new NOI should be submitted if several corrections are made.	
1. What is the date of the most recently submitted NOI? 5/23/2012	
2. Is the NOI complete and current?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any structural changes been made to the facility recently?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Any structural changes anticipated? (Plan and Spec review required of IDEQ, if so; see page 47; Part VI.I.2.)	<input checked="" type="checkbox"/> Yes – 2 new acclimation ponds planned <input type="checkbox"/> No
FACILITY LOCATION, ETC: (see NOI)	Address: 318 Toll Road Kooskia, ID 83539 Phone: 208-926-4272 Fax:
OWNER NAME:	US Fish & Wildlife Service
OWNER ADDRESS:	Address: Eastside Federal Building 911 NE 11 th Ave Portland, OR 97232 Phone Number: 503-231-2062 Fax: E-mail: richjohnson@fws.gov

OPERATOR NAME:	Nez Perce Fisheries
OPERATOR ADDRESS:	Address: 318 Toll Road Kooskia, ID 83539 Phone Number: 208-926-4272 Fax: E-mail: kenth@nezperce.org
PERMIT TRANSFERS: 1. Is this a new operator?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
According to VII. I. "Transfers. Authorization to discharge under this permit may be automatically transferred to a new permittee on the date specified in the agreement only if: 1. The current permittee notifies the Director of the Office of Water and Watersheds at least 30 days in advance of the proposed transfer date; 2. The notice includes a written agreement between the existing and new permittees containing a specific date for transfer of permit responsibility and liability between them; and 3. The Director does not notify the existing permittee and the new permittees of its intent to revoke and reissue the authorization to discharge.	
2. Was EPA and IDEQ notified in writing of the transfer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No
LOCATION OF FACILITY:	GPS taken at entrance to facility. Latitude: 46.503314 Longitude: 116.329612 Date: Time: Count:

AUTHORIZATION TO DISCHARGE	
1. Did you receive a letter authorizing you to discharge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. "Addressee" on the authorization to discharge letter:	Name: Kent Hills
3. Is this correct?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: name _____
4. Do you have a copy of the permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the facility currently discharging?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

6. Was the facility containing, growing or holding fish on December 1, 2007 (effective date of the permit)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. If not currently discharging, when do you expect to rear fish again at this facility?	<input type="checkbox"/> N/A Date:
PROHIBITED DISCHARGES, Part II.B., Page 29	
Review the prohibited discharges 1 and 2 (a-h) with the interviewee. COMPLETE	
1. Have you had any such prohibited discharges that you know of since December 1, 2007?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Do you expect to have any difficulty prohibiting such discharges from this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Questions or Comments:	
PROHIBITED PRACTICES, Part II.C., Pages 29-30	
1. Review the prohibited practices 1 through 2 with the interviewee. COMPLETE	
2. Have you or any other employee engaged in any of these prohibited practices that you know of since December 1, 2007?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Do you expect to have any difficulty prohibiting such practices at this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Questions or Comments:	
FACILITY MONITORING, Part II.D., (see page 30-33)	
Ask to see the recent DMRs and raw data. Review to determine if the permittee is filling in the correct data (influent, effluent raw data, and effluent net). See page 30, II.D.2.b., for requirement when data are less than MDL.	
According to II. D., "The permittee shall monitor discharges from all outfalls authorized under the permit as specified in Tables 12 and 13..." (see pages 30-33) For frequency requirements, see footnote 16 of Table 12, and footnote 29 of Table 13 for OLSBs)	
1. When was the last monitoring event?	July 2014
2. Who conducted the monitoring?	Kenny Simpson
3. Is this the person who usually conducts the monitoring?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

3. What is the interval of discrete sampling for the composite sample? (permit requires four or more discrete samples taken at one-half hour intervals or greater in a 24 hour period.)	4 ½ hour intervals
4. When sampling raceway discharge, is at least one sample taken during quiescent zone or raceway cleaning?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If not, why not.	
5 What type of sample are you taking for influent? (permittees with spring influents may elect to take grabs, page 32, footnote 17)	Composite
6. Who fills out the DMRs?	Kent Hills
7. When was the most recent DMR submitted to EPA and IDEQ?	July 2014
8. How and where is flow measured for the raceways? Overflow weir And by whom? Kenny Simpson Is this flow measurement method one of those specified in Appendix E. Part I.A., page 79? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. How is the flow measuring device calibrated? And by whom? Staff gauge	
10. How and where is flow measured for the offline settling basins? And by whom?	Overflow weir. When cleaning, all flows go to settling pond. Kenny Simpson
11. Was net effluent load recorded on the DMR calculated correctly? (check a few DMRs; see Appendix D, page 75 for equations)	X <input type="checkbox"/> Yes Note: System uses GW during summer months due to high creek temperatures. <input type="checkbox"/> No
12. Are you aware of any recent violations of the permit limits? What was the limit that was exceeded?	X <input type="checkbox"/> Yes <input type="checkbox"/> No SS % removal

When was it?	7/2013, 11/2013
13. Are the data reported properly on the DMR?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are DMR data consistent with analytical results?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
RECEIVING WATER MONITORING, Part II.E., (see pages 33-35) According to II.C.1., "All permittees with OLSB that discharge directly to receiving water must conduct receiving water monitoring for ammonia, pH, and temperature upstream from the outfall." And 2., "All facilities using chelated copper compounds or copper sulfate must monitor total recoverable copper and hardness immediately upstream of the outfall at least once in any quarter when these compounds are applied..." Ask to see the QA plan which will describe where the samples are taken in the receiving stream.	
1. If the facility has an OLSB discharging to a receiving stream.... Are you monitoring receiving water for ammonia, pH, and temperature?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you monitoring receiving water for copper quarterly when you use it?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you submitting the results to EPA and IDEQ with the DMRs?	X <input type="checkbox"/> Yes <input type="checkbox"/> No

QUALITY ASSURANCE PLAN, Part II.F., (see page 35)	
According to II.F. "The permittee must develop a QA plan for all monitoring required by this permit. The plan must be developed and implemented within 60 days of coverage under this permit."	
1. Do you have a QA plan?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
2. When did you submit the certification that a plan has been developed?	8/22/2012
According to II.F.3.a) the QA Plan must include: details on the number of samples, type of sample containers, preservation of samples including temperature requirements, holding times, analytical methods, analytical detection and quantification limits for each parameter, type and number of quality assurance field samples, precision and accuracy requirements, sample preparation requirements, sample shipping methods, and laboratory data delivery requirements.	
3. Does the plan include these details?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what is missing?	
According to II.F.3.a) the QA Plan must include: description of flow measuring devices or methods used to measure influent and/or effluent flow at each point, calibration procedures, and calculations used to convert to flow units. If a permittee's facility has multiple effluent discharge points and/or influent points, it must describe its method of compositing samples from all points proportionally to their respective flows.	
4. Does the plan include the flow measuring description?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the plan describe the method of compositing samples?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
6. If you elected to take grab samples of influents, does the plan provide evidence of insignificant variability among influent sources?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
7. If you elected to not monitor small discharges that comprise less than 1% of the total raceway flows, does the plan provide justification that effluent quality of these discharges is the same as monitored discharges?	<input type="checkbox"/> Yes X <input type="checkbox"/> N/A

8. Does the plan include a map(s) of sampling points?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Did you include in your QA plan the quality assurance and control for receiving water monitoring, including the sampling location rationale?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the plan include qualifications and trainings of personnel?	<input type="checkbox"/> Yes X <input type="checkbox"/> No
11. Does the plan include the laboratory name and telephone number?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is facility following / using the QA Plan?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
BEST MANAGEMENT PRACTICES PLAN, Part III., (see page 36) According to Part III.C. "the permittee must develop and implement a BMP Plan which meets the specific requirements listed in Part III.E.	
1. Do you have a BMP plan? If not on site, is it in the possession of staff when they are working on-site?	X <input type="checkbox"/> Yes <input type="checkbox"/> No X <input type="checkbox"/> Yes <input type="checkbox"/> No
2. When did you submit the certification that a plan has been developed?	8/22/2012
The BMP plan must include the following BMPs: (see page 36)	
1. Chemical Storage a. ensure proper storage to prevent spills, b. implement procedures for proper containing, cleaning and disposing of spilled material.	X <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Structural Maintenance a. routinely inspect rearing and holding units and waste collection containment to identify and promptly repair damage, How often?	X <input type="checkbox"/> Yes <input type="checkbox"/> No Annually

b. regularly conduct maintenance of rearing and holding units and waste collection and containment systems to ensure their proper function	X <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Training Requirements:	
a. Train personnel in spill prevention and clean-up and disposal of spilled materials.	X <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Train personnel on proper structural inspection and maintenance of rearing and holding units and waste collection and containment systems.	X <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Operational Requirements:	
a. Water which is disinfected with chlorine or other chemicals must be treated before it is discharged to waters of the U.S.	<input type="checkbox"/> Yes X N/A
b. Treatment equipment used to control the discharge of floating, suspended or submerged matter must be cleaned and maintained at a frequency sufficient to prevent overflow or bypass of the treatment unit by floating, suspended, or submerged matter.	<input type="checkbox"/> Yes X <input type="checkbox"/> N/A
c. Procedures must be implemented to prevent fish from entering quiescent zones, full-flow and off-line settling basins. Fish which have entered quiescent zones or basins must be removed as soon as practicable.	X <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
d. All drugs and pesticides must be used in accordance with applicable label directions (FIFRA or FDA)	Yes X <input type="checkbox"/> N/A
e. Chelated copper compounds and copper sulfate, when used, must be applied to only one raceway at a time.	<input type="checkbox"/> Yes X <input type="checkbox"/> N/A
f. Identify and implement procedures to collect, store, and dispose of wastes, such as biological wastes, in accordance with IDAPA §02.04.17 and IDAPA §58.01.02. Such wastes include fish mortalities and other processing solid wastes from aquaculture.	X <input type="checkbox"/> Yes <input type="checkbox"/> No
g. Implement procedures to control the release of transgenic or non-native fish or their diseases as specified in any permit(s) issued by the Idaho Department of Fish and Game for the importation, transportation, release or sale of such species, in accordance with IDAPA §13.01.10.100.	X <input type="checkbox"/> Yes <input type="checkbox"/> No
h. Implement procedures to eliminate the release of PCBs from any known sources in the facility, including paint, caulk, or feed	X <input type="checkbox"/> Yes <input type="checkbox"/> No
When was the BMP Plan last updated?	2012

AQUACULTURE SPECIFIC REPORTING REQUIREMENTS, Part IV., Page 38	
A. Drug And Other Chemical Use And Reporting Requirements (see pages 38-39)	
1. Do you use drugs, pesticides or other chemicals? Occasional Formalin	X <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, ask to see the Chemical Log Sheet. (see Appendix G, page 91)	
1. Are records being maintained of all applications?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
2. When an INAD or extralabel drug is used for the first time, you are required to report this orally and in writing to EPA and IDEQ. Have you used INADs or plan to use INADs or extralabel drugs? If so,... Have you written to EPA and IDEQ that you have signed up to use an INAD or prescription? (page 88) Have you provided an oral report to EPA and IDEQ of an INAD or prescription use? (page 87) Have you provided a written report to EPA and IDEQ of an INAD or prescription use? (page 89)	<input type="checkbox"/> Yes X <input type="checkbox"/> N/A <input type="checkbox"/> Yes Date: _____ X <input type="checkbox"/> N/A <input type="checkbox"/> Yes Date: _____ X <input type="checkbox"/> N/A <input type="checkbox"/> Yes Date: _____ X <input type="checkbox"/> N/A
B. Structural Failure (see page 39)	
Remind the interviewee of this new requirement: Failure or damage to the facility must be reported to EPA and IDEQ orally within 24 hours and in writing within five days when there is a resulting discharge of pollutants to waters of the U.S.	Confirmed? X <input type="checkbox"/> Yes <input type="checkbox"/> No
C. Spills of feed, drugs, pesticides or other chemicals (see page 39)	
Remind the interviewee of this new requirement: The permittee must monitor and report to EPA and IDEQ any spills that result in a discharge to waters of the United States; these must be reported orally within 24 hours and in writing within five days.	Confirmed? X <input type="checkbox"/> Yes <input type="checkbox"/> No

D. Annual Report of Operations (see page 40) Remind the interviewee of this requirement: The permittee must prepare and submit an annual report of operations by January 20 th of each year to EPA and IDEQ. (see Appendix H, page 95-96 for form)	Confirmed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1. Did you submit the last report as required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the annual report complete? (Check the report against the required elements on pages 95-96.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see the annual logs of production. 3. Are the logs consistent with what is reported in the annual report?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was the facility able to provide all the required paper documentation requested?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FACILITY PHYSICAL INSPECTION Objectives of the facility inspection include: identifying all discharges to the surface waters from the facility; observing and recording prohibited discharges or practices; and noting any problems. Many of these questions are subjective.	
1. Any excessive feed in the raceways?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Any excessive solids stirred up in raceways?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Are all the barrier dam boards in place and level?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Any excessive solids built up in quiescent zones?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Any excessive solids going over the dam boards.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Any fish observed in the quiescent zones?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Photo (s) of raceway(s) conditions above,	See Photo Log
Discharges:	
Photo (s) of raceway(s), tailrace, and/or full-flow settling basin discharges.	See Photo Log
Are there any unreported outfalls? (check observed against NOI)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If so, describe:	
Photo (s) of receiving water(s), particularly documenting any of below:	See Photo Log
1. Any floating solids or visible foam in other than trace amounts?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Any evidence of discharged sludge, grit or accumulated solid residues?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Any floating, suspended or submerged matter, including dead fish, in amounts causing nuisance or objectionable condition?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Location of the receiving water monitoring.	<input type="checkbox"/> Clearwater River, upstream of & adjacent to the stilling basin overflow
5. If the facility has an OLSB(s) , is it discharging?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Photo (s) of OLSB discharges	See Photo Log

Photo (s) of receiving water(s), particularly documenting any of below:		See Photo Log
1. Any floating solids or visible foam in other than trace amounts?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Any evidence of discharged sludge, grit or accumulated solid residues?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Any floating, suspended or submerged matter, including dead fish, in amounts causing nuisance or objectionable condition?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Flow Measurement Device:		
1. Were flow measurements taken during inspection?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Photo (s) of taking flow measurement:		
2. Location of flow measuring device for raceways:	<input type="checkbox"/> Influent Head Box <input checked="" type="checkbox"/> Raceway or Tailrace Effluent <input type="checkbox"/> Other _____	
3. How are flow measurements taken?	<input checked="" type="checkbox"/> Across a dam board <input type="checkbox"/> Contracted rectangular weir <input type="checkbox"/> Other weir _____ <input type="checkbox"/> Other _____	
4. Location of flow measuring device for OLSBs:	<input type="checkbox"/> Effluent Box <input type="checkbox"/> Effluent Pipe <input type="checkbox"/> QZ cleaning time <input checked="" type="checkbox"/> Across a dam board	
5. How are flow measurements taken?	<input checked="" type="checkbox"/> Across a dam board <input type="checkbox"/> V-Notched weir <input type="checkbox"/> Other weir _____ <input type="checkbox"/> Other _____	
Sampling:		
1. Are influent sample locations adequate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are effluent sample locations adequate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Are samples refrigerated / iced down after sampling?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Are samples iced down during transportation to contract Lab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Solids Containment and Storage	
1. Is the solids disposal area adequate?	<input type="checkbox"/> N/A: very large old mill pond is used for settling. Never been de-sludged.
2. Removed solids prevented from reentry to navigable waters?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
3. Does the facility land apply solids or irrigate with or apply wastewater?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
Inspection Conclusion Data Sheet (ICDS) information	
1. Did you observe deficiencies (potential violations) during the on-site inspection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If so, did you communicate them to the facility during the inspection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the facility or operator take any corrective actions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you provide general compliance assistance during the inspections?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Did you provide site-specific compliance assistance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

AREAS OF CONCERN:	<p>QAP does not include training records as required by permit. Very large old mill pond (basically a swamp) used for settling has natural algal growth and other aquatic plants that contribute to effluent suspended solids causing facility to appear to not meet % removal for ss. Discuss with facility staff the possibility of construction of an actual settling pond upstream of swamp and performing monitoring at discharge of newly constructed pond to help meet % removal.</p>
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Photographic Documentation

Name of Facility: Kooskia National Fish hatchery

Inspector(s): Mike Piechowski

Inspection Date: Tuesday, September 02, 2014

Purpose of Inspection: NPDES Compliance



Publish Date: Saturday 13 September 2014

Table of Photographs:

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1. Photograph 1: Satellite view with pond to north

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Client: KODSKIA NFH
Address: 315 TOLL ROAD
KODSKIA, ID 83533
Attn: KENTHILLE

Batch #: 140214004
Project Name: KODSKIA NFH NPDES

Analytical Results Report

Sample Number	Sampling Date	Date/Time Received
140214004-001	9/12/2014	9/12/2014 4:38 PM
Client Sample ID: MTC-AP-2014-001	Sampling Time	
Matrix: Water	Sample Location	
Comments:		
Parameter	Result	Units
NO3-N	0.0211	mg/L
Total P	0.0722	mg/L
Parameter	Result	Units
NO3-N	0.0211	mg/L
Total P	0.0722	mg/L
Parameter	Result	Units
NO3-N	0.0211	mg/L
Total P	0.0722	mg/L

Authorized Signature: *[Signature]*
Jana Chodura, Lab Manager

WEL: 11114 Maximum Contaminant Level
NO: Not Detected
PQL: Practical Quantitation Limit

This report shall not be reproduced, copied, or used without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Estimated results are reported on a 30-day batch unless otherwise noted.

2014/09/02

Page 1 of 1

2. Photograph 2: Analytical results

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Login Report

Customer Name: KODSKA, NFH Order ID: 140214004
378 TOLL ROAD Order Date: 2/14/2014
KODSKA ID: 83539
Contact Name: KENT HILLS Project Name: KODSKA, NFH NPDES
Comment:

Sample #	Quantity	Collector	Matrix	Volume	Date Collected	Date Received	Lab	Method	Due Date	Priority
Sample # 140214004-001 - Customer Sample # MFC ABOVE G.C.	1	KERRY SMITHSON	Water		2/12/2014	2/13/2014 4:39:30 PM	18	SM4500N-03	2/25/2014	Normal (1-10 Days)
Test										
AMMONIA-NITROGEN							18	SM4500N-03	2/25/2014	Normal (1-10 Days)
TOTAL P-N							18	SM4500N-03	2/25/2014	Normal (1-10 Days)
Sample # 140214004-002 - Customer Sample # MFC BELOW G.C.	1	KERRY SMITHSON	Water		2/12/2014	2/13/2014 4:39:30 PM	18	SM4500N-03	2/25/2014	Normal (1-10 Days)
Test										
AMMONIA-NITROGEN							18	SM4500N-03	2/25/2014	Normal (1-10 Days)
TOTAL P-N							18	SM4500N-03	2/25/2014	Normal (1-10 Days)
Sample # 140214004-003 - Customer Sample # SET POND 30.7	1	KERRY SMITHSON	Water		2/12/2014	2/13/2014 4:39:30 PM	18	SM4500N-03	2/25/2014	Normal (1-10 Days)
Test										
AMMONIA-NITROGEN							18	SM4500N-03	2/25/2014	Normal (1-10 Days)
TOTAL P-N							18	SM4500N-03	2/25/2014	Normal (1-10 Days)

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3. Photograph 3: Analytical results

Anatek Labs, Inc.
1282 Adams Drive • Madison, WI 53703 • (608) 562-3300 • Fax: (608) 562-3301 • email: info@anateklabs.com
204 E. Superior St. • Milwaukee, WI 53202 • (414) 333-3300 • Fax: (414) 333-4433 • email: gpo@anateklabs.com

DMR

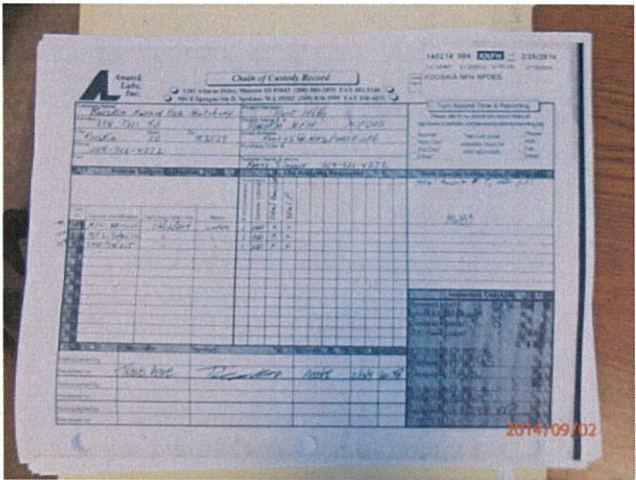
Sample #	Quantity	Collector	Matrix	Volume	Date Collected	Date Received	Lab	Method	Due Date	Priority
Sample # 140214004-001 - Customer Sample # MFC ABOVE G.C.	1	KERRY SMITHSON	Water		2/12/2014	2/13/2014 4:39:30 PM	18	SM4500N-03	2/25/2014	Normal (1-10 Days)
Test										
AMMONIA-NITROGEN							18	SM4500N-03	2/25/2014	Normal (1-10 Days)
TOTAL P-N							18	SM4500N-03	2/25/2014	Normal (1-10 Days)
Sample # 140214004-002 - Customer Sample # MFC BELOW G.C.	1	KERRY SMITHSON	Water		2/12/2014	2/13/2014 4:39:30 PM	18	SM4500N-03	2/25/2014	Normal (1-10 Days)
Test										
AMMONIA-NITROGEN							18	SM4500N-03	2/25/2014	Normal (1-10 Days)
TOTAL P-N							18	SM4500N-03	2/25/2014	Normal (1-10 Days)
Sample # 140214004-003 - Customer Sample # SET POND 30.7	1	KERRY SMITHSON	Water		2/12/2014	2/13/2014 4:39:30 PM	18	SM4500N-03	2/25/2014	Normal (1-10 Days)
Test										
AMMONIA-NITROGEN							18	SM4500N-03	2/25/2014	Normal (1-10 Days)
TOTAL P-N							18	SM4500N-03	2/25/2014	Normal (1-10 Days)

2014/09/02

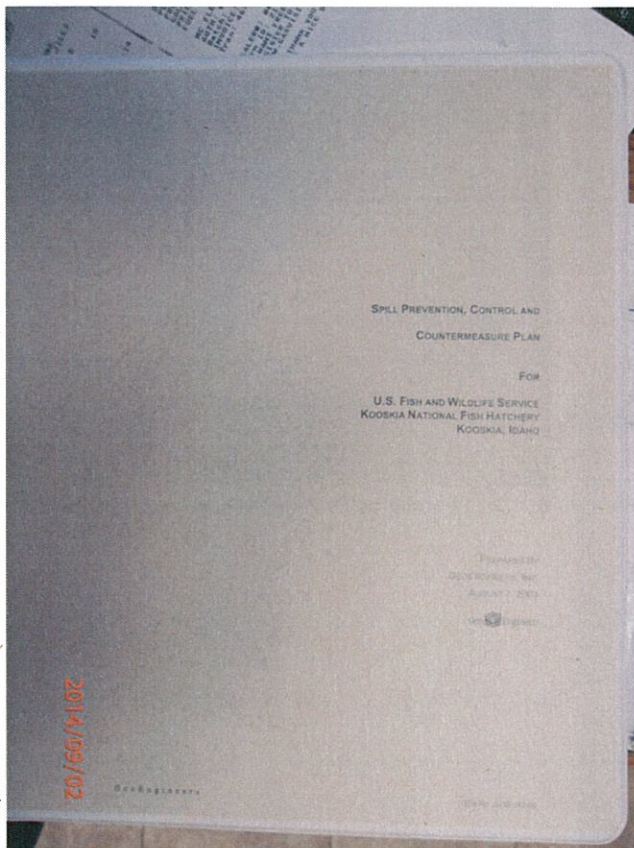
4. Photograph 4: DMR



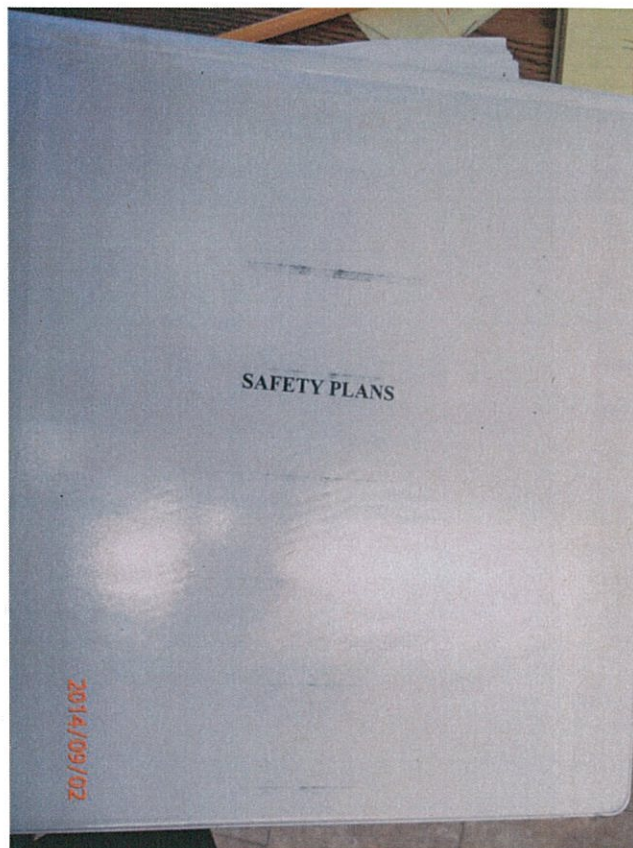
5. Photograph 5: Facility records



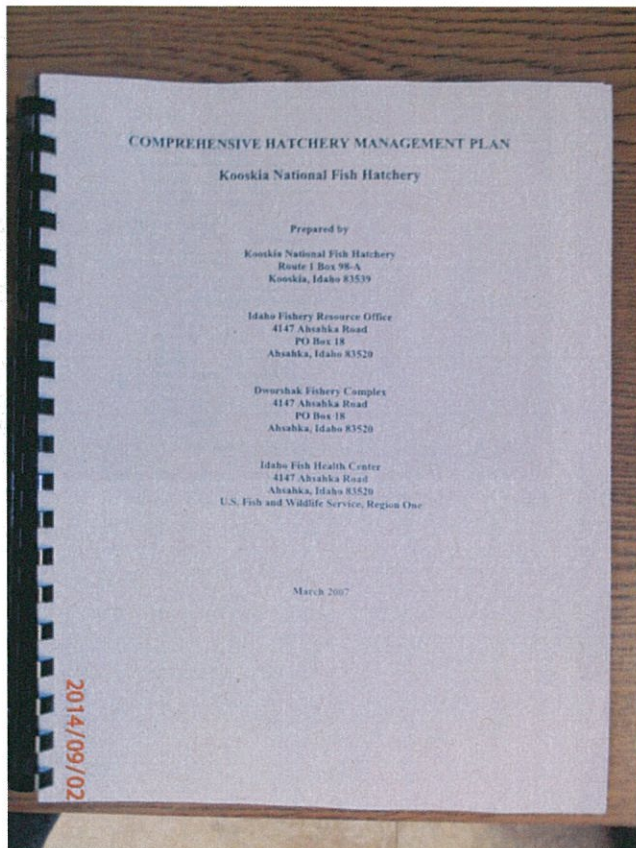
6. Photograph 6: Chain of custody forms



7. Photograph 7: Spill prevention plan



8. Photograph 8: Safety plan



9. Photograph 9: O&M Plan



10. Photograph 10: Water screening and treatment building



11. Photograph 11: Clear Creek intake



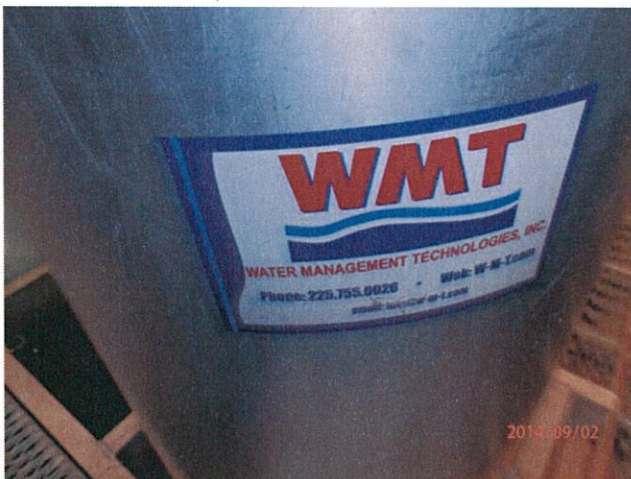
12. Photograph 12: Treatment building



13. Photograph 13: Screen in treatment building



14. Photograph 14: Aerators



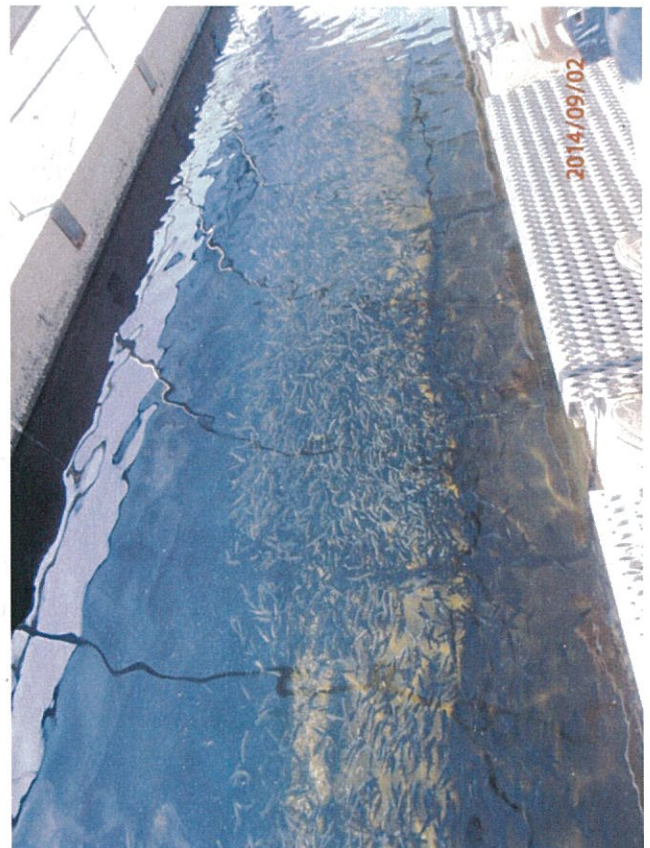
15. Photograph 15: Treatment label



16. Photograph 16: Treated water to hatchery



17. Photograph 17: Raceway with smolts



18. Photograph 18: Raceway with smolts



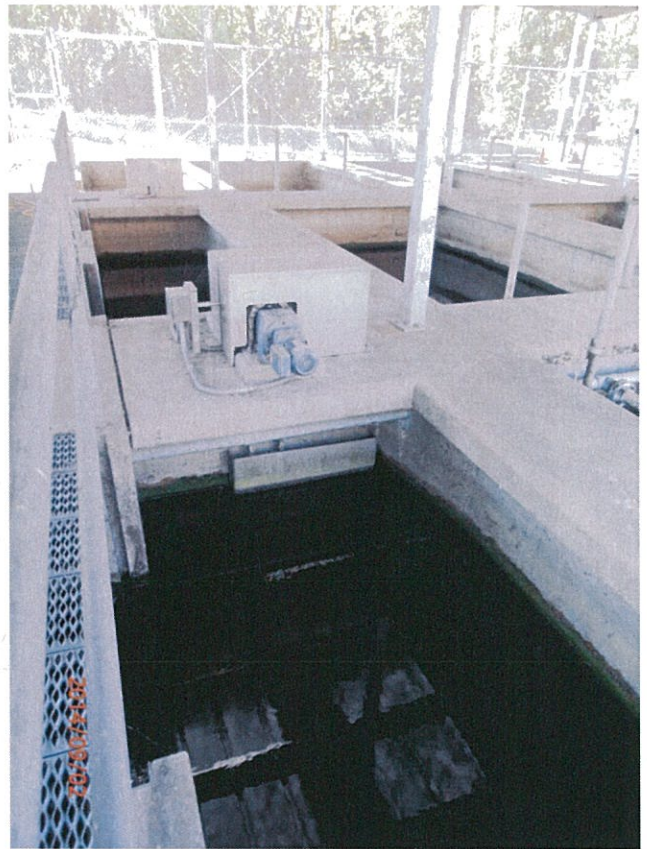
19. Photograph 19: Raceway showing slight solids



20. Photograph 20: Slight solids in raceway



21. Photograph 21: Raceway covers



22. Photograph 22: GW water reuse treatment area



23. Photograph 23: GW water treatment area



24. Photograph 24: Water treatment



25. Photograph 25: Unused raceways



26. Photograph 26: Control boxes. Pond is at far background.



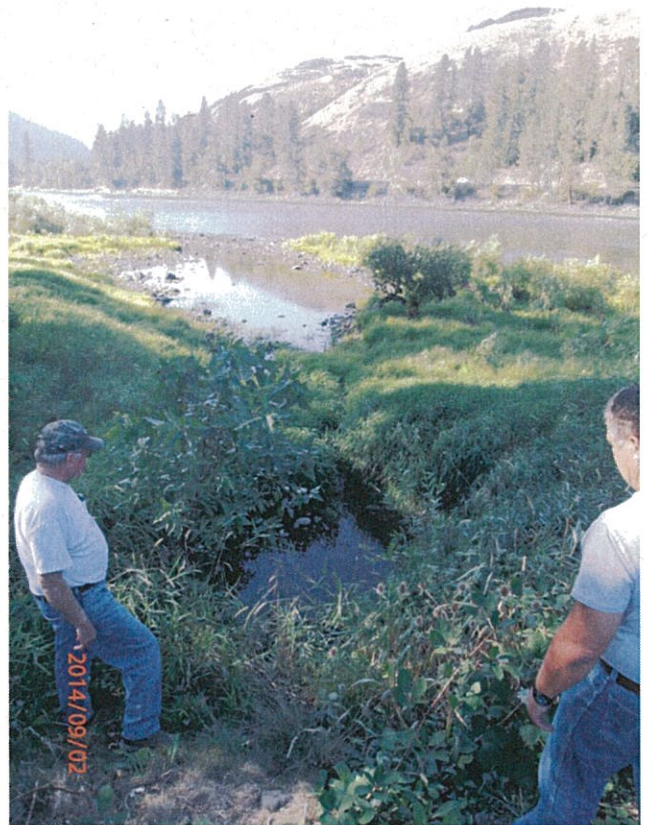
27. Photograph 27: Clear creek adjacent to hatchery



28. Photograph 28: Settling pond outfall



29. Photograph 29: Pond looking toward inlet



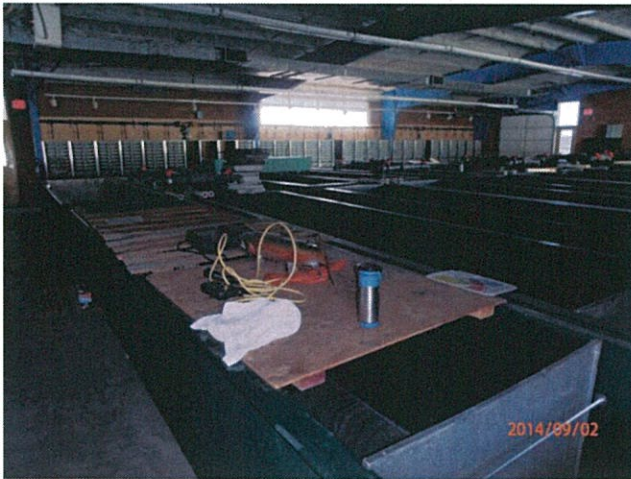
30. Photograph 30: Outfall to Clearwater River



31. Photograph 31: Outfall pipe



32. Photograph 32: View toward upstream monitoring location



33. Photograph 33: Hatchery Building



34. Photograph 34: Hatchery Building

